

Middlesex Hospital

FACSIMILE

TO: DPH - State of CT

DATE: 4/16/18

FAX NUMBER: 860-509-7543

FROM: Middlesex Hospital - Nancy Downing

PHONE NUMBER: 860-509-7400

PHONE NUMBER: 860-358-6369

TOTAL NO. OF PAGES INCLUDING COVER:

10

RE: Attn: Heidi Caron

COMPLETED BY: Nancy Downing

☐ URGENT

☐ FOR REVIEW

☐ PLEASE CALL UPON RECEIPT OF RECORDS

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April 16, 2018

Heidi Caron, MSN, RN, BC, CLNC

State of Connecticut Department Of Public Health

Facility Licensing and Investigations Section

410 Capitol Avenue

Hartford, CT. 06134

Fax # 860-509-7543

Dear Ms. Caron,

The Facility of Licensing and Investigations Section of the Department of Public Health performed an investigation at Middlesex Hospital ending on March 16, 2018. Attached you will find our corrective action plan and response to your investigation. Please contact me with any questions or concerns related our response.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nancy Downing', with a large, stylized loop at the end.

Nancy Downing, BSN, RN

Regulatory Program Manager

Office: 860-358-6369

CC: Vin Capece Jr., CEO

Middlesex Hospital

28 Crescent Street
Middletown, Connecticut 06457-3650


tel 860 358-6000
www.middlesexhospital.org

CORRECTIVE ACTION PLAN



March 16, 2018


4/25/18
OK
HAR


STATE FINDINGS/STATE CODE	STATE COMMENTS	FACILITY ACTIONS/RECOMMENDATIONS	FACILITY FOLLOW-UP/RESULTS
<p>The following are violations of the Regulations of Connecticut State Agencies <u>Section 19-13-D3 (c) Medical staff (2)(A) and/or (j) Emergencies (2) and/or (i) General (6).</u></p>	<p>The following (is/are) violation(s) of the Regulations of Connecticut State Agencies <u>Section XXXXXXXXXXXX.</u></p> <ol style="list-style-type: none"> 1. *Based on a review of the clinical record, hospital documentation and interviews for one of twenty-one patients (Patient #1) reviewed who either left the hospital against medical advice (AMA) or transferred to another facility, the hospital failed to ensure the patient received a medical screening examination. The findings include: 	<p>Mission Statement: Middlesex Hospital exists to provide the safest, highest-quality health care, and the best experience possible for our community. It was never our intent to deny a patient a medical screening examination. The decision was driven by patient condition and the intent of the MD was to avoid any delay in getting this STEMI patient to Hospital #2 for emergent intervention.</p>	<p>✓</p>
	<ol style="list-style-type: none"> a. Patient #1 was transported to Hospital #1's ED (Emergency Department) on 2/14/18 at 8:19 AM via Emergency Medical Service (EMS) #1 for complaints of shortness of breath (SOB) and chest pain. The ambulance run sheet dated 2/14/18 identified that Patient #1 arrived at Hospital #1's ED via EMS #1 at 8:19 AM. ED Medical Doctor (MD) #1 tried to divert EMS, however, the EMS ambulance had already arrived at ED #1's ambulance entrance. During transport via ambulance to Hospital #1's ED, Patient#1 required supportive respiratory interventions and the administration of sublingual nitroglycerine x2 for respiratory difficulty and complaints of 	<ol style="list-style-type: none"> 1. Immediate Action: <p>Upon notification of the EMTALA violation by hospital #2 to hospital #1, an internal investigation was performed to determine the facts related to the failure to create a medical record and perform a medical screening evaluation for Patient #1.</p> <p>It was decided that Hospital #1 and Hospital #2 would jointly disclose the violation to the Department of Public Health. The Department of Public Health was notified on March 8, 2018.</p>	<p>Investigation was completed on March 8, 2018.</p> <p>✓</p>


STATE FINDINGS/STATE CODE	STATE COMMENTS	FACILITY ACTIONS RECOMMENDATIONS	FACILITY FOLLOW-UP/RESULTS
	<p>chest pain. Upon arrival to Hospital #1's ED, EMS personnel asked MD #1 to evaluate Patient #1 due to acute electrocardiogram (EKG) changes indicative of a STEMI (ST elevation myocardial infarction). Further review of the ambulance run sheet identified that after MD #1 evaluated Patient #1's EKG at 8:19 AM while patient was still in the ambulance, MD #1 instructed EMS to transport Patient #1 to Hospital #2's ED, indicating any delay in transfer would only delay time sensitive patient care/treatment. EMS personnel (Medic#1) requested a second medic to meet them for assistance. Medic #2 met Medic #1 at 8:27 AM and a third sublingual nitroglycerine was administered to Patient #1 at 8:42 AM. Patient #1 arrived at Hospital #2 at 8:52 AM with a total transfer time of 31 minutes from Hospital #1 to Hospital #2. Patient #1's medical record from Hospital #2 identified that the patient was evaluated at Hospital #2's ED on 2/14/18 with a heart rate of 131, blood pressure 150/90, respiratory rate of 24 and oxygen saturation of 94% on bi-pap. Patient #1 was diagnosed with an acute myocardial infarction, required intubation with mechanical ventilation and was subsequently admitted to the hospital. Patient #1's discharge summary dated 2/23/18 noted final diagnoses of acute</p>	<p>Investigation determined that , Medic #1 & Medic #2 are under the medical control of Hospital #2 not Hospital #1; and that the state guidelines /algorithm for STEMI were not followed.</p> <p>The implementation for the Plan of Correction was begun immediately upon notification of the EMTALA violation and will be completed no later than May 14, 2018.</p> <p>The Medical Chairman of the Emergency Department immediately educated all medical providers in the system regarding the EMTALA violation and EMTALA requirements including but not limited to medical screening evaluation, proper registration of all patients on campus requiring medical intervention, and an accepting physician will be established at alternate facility prior to transfer of a patient from the Emergency Department. Education begun March 9, 2018 with date of completion being April 30, 2018.</p> <p>All emergency department staff was educated utilizing the same PowerPoint presentation and signed attestation at time of review of EMTALA rules and regulations. Date of completion – April 30, 2018.</p>	 <p>All ED department education to be completed by 4/30/18 and jointly by Medical Director of the ED and Director of ED Nursing.</p>

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	<p>pulmonary edema, hypertensive crisis, and new paroxysmal atrial fibrillation and coronary artery disease status post stent placements.</p> <p>Review of the ED record from Hospital #1 dated 2/14/18 failed to identify that a medical screening examination was conducted by the physician. Further review failed to indicate that the ambulance transport documentation for Patient #1's ED visit was not present in a medical record.</p> <p>Review of the clinical record and interview with the Chairman of Hospital #1's ED, Director of Quality, Manager of Regulatory Compliance and the ED Medical Director of Hospital #1 on 3/15/18 all identified that the hospital policy was not followed. Further interview identified that Patient #1 should have been assessed, stabilized and/or treated prior to transfer to Hospital #2. In addition, Hospital #2 was not notified of and/or accepted the transfer of Patient #1. Further review indicated that the ED record lacked a medical screening evaluation and/or medical record documentation.</p> <p>During a review of the audio call between Secretary #1, EMS and/or MD #1 with Manager of Quality on 3/15/18 at 11:15</p>	<p>EMS personnel will be educated on EMTALA requirements to be completed by May 14, 2018.</p> <p>EMTALA education is provided at the time of hospital orientation and annually in Healthstream as a requirement for employment at Middlesex Hospital.</p> <p>Monitoring of Education:</p> <p>All providers and Emergency Department staff will review and submit an electronic attestation of the EMTALA requirements that are mandated.</p> <p>Communication:</p> <p>EMTALA violation was discussed for all ED providers and staff at monthly meetings in March 2018 and April 2018.</p> <p>Audits</p> <p>10 charts per month for the period of three months will be audited for patients seeking care and services at Middlesex Hospital and have required ambulance transport to MH and/or transfer from MH and/or or left Against Medical Advice (AMA) for the following elements:</p>	<p>Paramedic Supervisor to complete by May 14, 2018.</p> <p>Ongoing</p> <p>Responsible parties: Medical Director of the ED, Nursing Director of the ED.</p> <p>Completed March & April 2018.</p> <p>3 months of audits, April, May & June 2018 – anticipated date of completion – 6/30/2018</p>

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	<p>AM verified that the hospitals investigation of the chain of events prior to Patient #1's transfer from Hospital #1 to Hospital #2. No discrepancies in the above interviews were identified.</p> <p>Review of the hospital's EMTALA policy indicated each patient presenting to the ED with an Emergency Medical Condition (EMC) is entitled to a medical evaluation and necessary stabilization.</p>	<p>Ambulance run forms will be reviewed</p> <p>Patient Transfer form present and complete</p> <p>Initial Medical screening evaluation and/or medical record documentation present</p> <p>Name of accepting physician & facility present</p> <p>Condition at time of transfer was noted to be stable</p> <p>AMA documentation complete and present</p> <p>Responsible Persons:</p> <p>Medical Director of the Emergency Department, Nursing Director of Emergency Services</p>	
<p>The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D3 (c) <u>Medical staff (2)(A) and/or (i) Emergencies (2) and/or (i) General (6).</u></p>	<p>2. *Based on a review of the clinical record, hospital documentation and interviews for one of twenty-one patients (Patient #1) reviewed who was transported to the Emergency Department with a medical condition, the hospital failed to ensure that the patient received a medical exam and treatment needed to stabilize a medical condition prior to transfer to another hospital. The findings include:</p>	<p>Mission Statement: Middlesex Hospital exists to provide the safest, highest-quality health care, and the best experience possible for our community. It was never our intent to deny a patient a medical screening examination. It was never our intent to deny a patient a medical screening examination. The decision was driven by patient condition and the intent of the MD was to avoid any delay in getting this STEMI patient to Hospital #2 for emergent intervention.</p>	

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	<p>Medic #1 at 8:27 AM and a third sublingual nitroglycerine was administered to Patient #1 at 8:42 AM. Patient #1 arrived at Hospital #2 at 8:52 AM with a total transfer time of 31 minutes from Hospital #1 to Hospital #2. Patient #1's medical record from Hospital #2 identified that the patient was evaluated at Hospital #2's ED on 2/14/18 with a heart rate of 131, blood pressure 150/90, respiratory rate of 24 and oxygen saturation of 94% on bi-pap. Patient #1 was diagnosed with an acute myocardial infarction, required intubation with mechanical ventilation and was subsequently admitted to the hospital. Patient #1's discharge summary dated 2/23/18 noted final diagnoses of acute pulmonary edema, hypertensive crisis, and new paroxysmal atrial fibrillation and coronary artery disease status post stent placements.</p> <p>Review of the ED record from Hospital #1 dated 2/14/18 failed to identify that a medical screening examination was conducted by the physician. Further review failed to indicate that the ambulance transport documentation for Patient #1's ED visit was not present in a medical record.</p> <p>Review of the clinical record and</p>	<p>evaluation, proper registration of all patients on campus requiring medical intervention, and an accepting physician will be established at alternate facility prior to transfer of a patient from the Emergency Department. Education begun March 9, 2018 with date of completion being April 30, 2018.</p> <p>All emergency department staff was educated utilizing the same PowerPoint presentation and signed attestation at time of review of EMTALA rules and regulations. Date of completion – April 30, 2018.</p> <p>EMS personnel will be educated on EMTALA requirements to be completed by May 14, 2018.</p> <p>EMTALA education is provided at the time of hospital orientation and annually in Healthstream as a requirement for employment at Middlesex Hospital.</p> <p>Monitoring of Education:</p> <p>All providers and Emergency Department staff will review and submit an electronic attestation of the EMTALA requirements that are mandated.</p>	<p>All ED department education to be completed by 4/30/18 and jointly by Medical Director of the ED and Director of ED Nursing.</p>  <p>Paramedic Supervisor to complete by May 14, 2018.</p> <p>Ongoing</p> <p>Responsible parties: Medical Director of the ED, Nursing Director of the ED.</p>

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	<p>interview with the Chairman of Hospital #1's ED, Director of Quality, Manager of Regulatory Compliance and the ED Medical Director of Hospital #1 on 3/15/18 all identified that the hospital policy was not followed. Further interview identified that Patient #1 should have been assessed, stabilized and/or treated prior to transfer to Hospital #2. In addition, Hospital #2 was not notified of and/or accepted the transfer of Patient #1. Further review indicated that the ED record lacked a medical screening evaluation and/or medical record documentation.</p> <p>During a review of the audio call between Secretary #1, EMS and/or MD #1 with Manager of Quality on 3/15/18 at 11:15 AM verified that the hospitals investigation of the chain of events prior to Patient #1's transfer from Hospital #1 to Hospital #2. No discrepancies in the above interviews were identified.</p> <p>Review of hospital policy indicated each patient presenting to the ED with an Emergency Medical Condition (EMC) is entitled to a medical evaluation and necessary stabilization.</p>	<p>Communication:</p> <p>EMTALA violation was discussed for all ED providers and staff at monthly meetings in March 2018 and April 2018.</p> <p>Audits:</p> <p>10 charts per month for the period of three months will be audited for patients seeking care and services at Middlesex Hospital and have required ambulance transport to MH and/or transfer from MH and/or or left Against Medical Advice (AMA) for the following elements:</p> <p>Ambulance run forms will be reviewed</p> <p>Patient Transfer form present and complete</p> <p>Initial Medical screening evaluation and/or medical record documentation present</p> <p>Name of accepting physician & facility present</p> <p>Condition at time of transfer was noted to be stable</p> <p>AMA documentation complete and present</p>	<p>Completed March & April 2018.</p> <p>3 months of audits, April, May & June 2018 - anticipated date of completion - 6/30/2018</p> 

Apr. 16, 2018 3:46PM

No. 0059 P. 9

STATE FINDINGS/STATE CODE	STATE COMMENTS	FACILITY ACTIONS RECOMMENDATIONS	FACILITY FOLLOW-UP/RESULTS
		Responsible Persons: Medical Director of the Emergency Department, Nursing Director of Emergency Services	✓

"The Hospital's development and implementation of this corrective action plan does not constitute an admission of any fact or violation of law, or a statement that any Hospital policy was not adequate or properly implemented. This corrective action plan has been prepared and will be implemented to comply with regulatory requirements and to further the Hospital's objective of continually improving patient care."

Apr 16, 2018 3:47PM

No. 0059 P. 10